

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542649

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15	1					
16	1					
17		2				
18		2				
19		2				
20	1					
21		1				
22		2				
23		2				
24		2				
25		2				
26		2				
27	1					
28	1					
29	1					
30		1				
31		2				
32	1					
33		1				
34		2				
35		2				
36	1					
37	1					
38		2				
39		2				
40		2				
41		2				
42		2				
43	1					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	61					
TOTAL CLAIMS	73					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						